

## Establishing A Home Inquiry

1. From the desktop, go up to Create > Provider > Home Inquiry.
2. The Search window will open. Search out the individuals who are subjects of the Home Inquiry. Once completed, click Continue to open up the Home Inquiry Window – Members page.
3. The Family Name in the Basic Box will be blank until the Roles have been defined. The Date, ID number and Supervisor Status will pre-fill.
4. The Family Members box will pre-fill with the individuals that were searched out at the beginning of the Inquiry. To the right of each individual is a field titled Role. Each member must have an associated role. Select the appropriate value from the drop down list. \* One family member must have the role of Parent 1. This is generally the female head of household. Once that all roles have been defined, click onto the Basic page.

The screenshot shows a web browser window titled "Home Inquiry - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The page is for "eWISACWIS" and has a navigation bar with "Print", "Spell Check", and "Help" links. The main content area is divided into two tabs: "Member" and "Basic". The "Basic" tab is active, showing a form with the following fields: "Family Name:" (blank), "Date:" (06/23/2004), "Inq ID:" (9221049), and "Supervisor Status:" (Pending). Below this is a "Family Members" section with a table. The table has columns for "Name", "Gender", "DOB", "Race", and "Role". There is one row with the following data: "Sam Small", "Male", "04/02/1980", "White". The "Role" column for this row has a dropdown menu open, showing a list of roles: "Adopted Daughter", "Adopted Son", "Adult Foster Care Recipient", "Aunt", "Brother", "Cousin", "Daughter", "Deceased", "Father", and "Father-in-Law". The "Father-in-Law" role is currently selected. At the bottom of the table is an "Add/Edit" button. Below the table are "Save" and "Cancel" buttons. The browser's status bar at the bottom shows "Done" and "Local intranet".

Name	Gender	DOB	Race	Role
Sam Small	Male	04/02/1980	White	Adopted Daughter Adopted Son Adult Foster Care Recipient Aunt Brother Cousin Daughter Deceased Father Father-in-Law

5. The Home Information box will pre-fill with Parent 1 demographics and Parent 2 demographics if applicable. Marital Status, Language, and County are all drop down values. Select the value that best describes Parent 1.
6. The Inquiry Information Box will need information completed. The Parent Agency is the agency this individual may be associated with. For example, if Parent 1 was licensed by a private agency, use the Search hyperlink to search out the agency and have the agency pre-fill under the Parent Agency name. The Inquiry Type, Primary Referral Source and Secondary Referral Source have drop down values. Select the appropriate value for the inquiry. The description field is an optional free flow text field.
7. The Worker/Committee box allows a Screen In/Out decision by someone without supervisory approval. A supervisor will need to do a final screening decision. The reason box becomes enabled with drop down values only if the Inquiry was screened out.
8. The Supervisor/Committee box will allow a final screening decision. The reason box becomes enabled with drop down values only if the Inquiry was screened out.
9. The Options Drop Down field contains various text letters and checklists. Click Save and Close. If Screened In, the Home Inquiry will appear on the Providers Expando. If Screened Out, the Inquiry will disappear.

Home Inquiry - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS

Print Spell Check Help

**Basic**

Family Name: Sam Small Date: 06/23/2004 Inq ID: 9221049 Supervisor Status: Pending

**Member Basic**

**Home Information**

Parent 1: Sam Small Parent 2: (608)254-7897 Ext: Ext:  
 C/O: Street: 333 S 33rd St Apt: Home: Work: Marital Status: Single Male  
 City: Madison State: WI Zip: 53704 Language: English  
 Country: United States County: Dane

**Inquiry Information**

Parent Agency: Search  
 Inquiry Type:   
 Primary Referral Source: Adoption ICPC  
 Secondary Referral Source: Adoption-Foster Parent Applicant  
 Description: Adoption-New Applicant  
 Foster Care- ICPC  
 Foster Parent inquiry to adopt  
 Interested in specific child  
 Kinship Care  
 Relative

**Worker/Committee**

Name: Caitlin Cake  
☐ Accept/Screen In ☐ Not Accept/Screen Out ☐ Pending  
 Reason:

**Supervisor/Committee**

Name: Caitlin Cake  
☐ Accept/Screen In ☐ Not Accept/Screen Out ☐ Pending  
 Reason:

Options:   
 Save Cancel

Done Local intranet

